
SHOCK (NON-TRAUMATIC)

PRIORITIES

ABC's

Identify signs of shock

Determine need for fluid replacement

Consider early transport

FIELD ASSESSMENT/TREATMENT INDICATORS:

1. Patient exhibits signs/symptoms of shock
2. Determine mechanism of illness
3. History of GI bleeding, vomiting, diarrhea
4. Consider hypoglycemia or narcotic overdose
5. Hypothermia preventative measures

PARAMEDIC SUPPORT PRIOR TO BASE HOSPITAL CONTACT:

1. Maintain airway with appropriate adjuncts
2. Oxygen therapy as clinically indicated. Obtain oxygen saturation on room air, unless detrimental to patient condition. Be prepared to support ventilations with appropriate airway adjuncts
3. Place on Cardiac monitor
4. Place in Trendelenburg if tolerated.
5. Obtain vascular access
6. If hypotensive give fluid challenges: In the adult give 500ml IV bolus, may repeat once to sustain a B/P >90mmHg. In the pediatric patient give 20ml/kg IV bolus, may repeat once for tachycardia, change in central/peripheral pulses, limb temperature transition, altered level of consciousness
7. For B/P >90mmHg, and no respiration difficulties in adults, maintain IV rate at 150ml/hour. In pediatric patients maintain IV rate at TKO

BASE HOSPITAL MAY ORDER

***1. Establish 2nd large bore IV enroute.**

***2. Dopamine infusion at 5-20mcg/kg/min if hypotension persists despite fluid administration.**

** May be done during radio communication failure*